

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>SLC</i>	<i>809</i>	<i>2/9/01</i>
FORMALITY REVIEW			<i>3/02/01</i>
RESPONSE FORMALITY REVIEW	<i>T2</i>	<i>SC947</i>	<i>05/14/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	V
2	V
3	VV
4	VV
5	V
6	O O
7	O O
8	O O
9	O O
10	O O
11	O O
12	O P
13	P V
14	V V
15	V V
16	V V
17	V V
18	V V
19	V V
20	V V
21	V V
22	V V
23	V V
24	V V
25	V V
26	V V
27	V V
28	V V
29	V V
30	V V
31	V V
32	V V
33	V V
34	V V
35	V V
36	O O
37	D O
38	O O
39	D O
40	O O
41	O O
42	O O
43	V V
44	V V
45	V V
46	V V
47	V V
48	V V
49	V V
50	V V

Claim	Date
Final	
Original	
51	V
52	V V
53	V V
54	V V
55	V V
56	V V
57	V V
58	V V
59	O O
60	O O
61	O O
62	O O
63	O O
64	O O
65	O O
66	V V
67	V V
68	V V
69	V V
70	V V
71	V V
72	V V
73	V V
74	V V
75	V V
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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